

MaineCare Services

An Office of the Department of Health and Human Services

Department of Health and Human Services MaineCare Services # 11 State House Station Augusta, Maine 04333-0011 Tel: (207) 287-9368; Fax: (207) 287-9369

TTY: 1-800-606-0215

DATE: January 31, 2011

TO: Interested Parties

FROM: Russell J. Begin, Acting Director, MaineCare Services

SUBJECT: Proposed Rule – MaineCare Benefits Manual, 10-144 C.M.R. Ch 101, Chapter III, Section 85,

Physical Therapy Services

This letter gives notice of a Proposed Rule – MaineCare Benefits Manual, 10-144 C.M.R. Ch 101, Chapter III, Section 85, Physical Therapy Services.

The Department of Health and Human Services is proposing this rule to correct some units of service in the Chapter III of this Section, to be compliant with units mandated by the Centers of Medicare and Medicaid Services (CMS). Consequently, the Department is proposing rate adjustments, based on utilization, that remain cost neutral with the new units of service.

Rules and related rulemaking documents may be reviewed at and printed from the MaineCare Services website at or, http://www.maine.gov/dhhs/oms/rules/provider_rules_policies.html or a fee, interested parties may request a paper copy of rules by calling 207-287-9368. For those who are deaf or hard of hearing and have a TTY machine, the TTY number is 1-800-606-0215.

A concise summary of the proposed rule is provided in the Notice of Agency Rule-making Proposal. This notice also provides information regarding the rule-making process. Please address all comments to the agency contact person identified in the Notice of Agency Rule-making Proposal.

Notice of Agency Rule-making Proposal

AGENCY: Department of Health and Human Services, MaineCare Services

RULE TITLE OR SUBJECT: MaineCare Benefits Manual, 10-144 C.M.R. Ch 101, Chapter III, Section 85, Physical Therapy Services

PROPOSED RULE NUMBER:

CONCISE SUMMARY: The Department of Health and Human Services is proposing this rule to correct some units of service in the Chapter III of this Section, to be compliant with units mandated by the Centers of Medicare and Medicaid Services (CMS). Consequently, the Department is proposing rate adjustments, based on utilization, that remain cost neutral with the new units of service.

SEE http://www.maine.gov/dhhs/oms/rules/provider_rules_policies.html for rules and related rulemaking documents.

THIS RULE WILL _ WILL NOT X HAVE A FISCAL IMPACT ON MUNICIPALITIES.

STATUTORY AUTHORITY: 22 M.R.S.A. §§42(1), 3173.

PUBLIC HEARING: Monday, February 28, 2011, @ 9:30am

Location: Conference Room 1A & 1B

Department of Health and Human Services

MaineCare Services 442 Civic Center Drive

Augusta, ME

The Department requests that any interested party requiring special arrangements to attend the public hearing please contact the agency person listed below before February 21, 2011.

DEADLINE FOR COMMENTS: Comments must be received by midnight, Thursday, March 10, 2011.

AGENCY CONTACT PERSON: Delta Cseak, Comprehensive Health Planner delta.cseak@maine.gov

AGENCY NAME: MaineCare Services
ADDRESS: 442 Civic Center Drive
11 State House Station

Augusta, Maine 04333-0011

TELEPHONE: 207-287-6348 FAX: (207) 287-9369 TTY: 1-800-606-0215 or 207-287-1828 (Deaf or Hard of Hearing)

SECTION 85 PHYSICAL THERAPY SERVICES LAST UPDATED: 9-1-10

MaineCare coverage of Physical Therapy Services is limited. Refer to Chapter II, Section 85.06 for specific limitations

Use the following modifiers when appropriate:

- TF Intermediate Level of care used for PT Assistants and priced 10% below the Allowance rate
- GP Services delivered under an outpatient physical therapy plan of care

CODE	SERVICE	UNIT	MAXIMUM ALLOWANCE
97150 GP	Therapeutic procedure(s), group (2 or more individuals)	per evaluation15- minutes	<u>\$13.31</u> \$13.58
97001	Physical Therapy Evaluation	per evaluation	<u>\$39.93</u> \$40.04
97002	Physical Therapy Re-evaluation	per evaluation	<u>\$21.55</u> \$21.87
	THERAPEUTIC MODALITIES SUPERVISED		
97012	Application of a modality to one or more areas; Traction, mechanical	per service 15 minutes	\$ 6.93
97014	Application of a modality to one or more areas; Electrical Stimulation (unattended)	per service 15 minutes	\$ 6.23
97016	Application of a modality to one or more areas; v\(\forall \) asopneumatic devices	per service 15 minutes	\$ 6.98
97018	Application of a modality to one or more areas; pParaffin bath	per service 15- minutes	\$ 3.39

CODE	SERVICE	UNIT	MAXIMUM ALLOWANCE
97022	Application of a modality to one or more areas; wWhirlpool	per service 15- minutes	\$ 7.84
97024	Application of a modality to one or more areas; dDiathermy	per service 15 minutes	\$ 2.33
97026	Application of a modality to one or more areas; iInfrared	per service 15- minutes	\$ 2.16
97028	Application of a modality to one or more areas; uUltraviolet	per service 15- minutes	\$ 2.91
	THERAPEUTIC MODALITIES CONSTANT ATTENDANCE		
97032	Application of a modality to one or more areas; electrical stimulation (manual)	15 minutes	\$ 7.64
97033	Application of a modality to one or more areas; illontophoresis	15 minutes	\$ 11.00
97034	Application of a modality to one or more areas; cContrast baths	15 minutes	\$ 6.67
97035	Application of a modality to one or more areas; uUltrasound	15 minutes	\$ 5.43
97036	Application of a modality to one or more areas; Hubbard tank	15 minutes	\$ 11.75
	THERAPEUTIC PROCEDURES		
97110	Therapeutic procedure, one or more areas; therapeutic exercises to develop strength and endurance, range of motion and flexibility	15 minutes	\$ 13.25

CODE	SERVICE	UNIT	MAXIMUM ALLOWANCE
97113	Aquatic therapy with therapeutic exercises	15 minutes	\$ 15.93
97116	Gait training (includes stair climbing)	15 minutes	\$ 11.62
97124	Massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)	15 minutes	\$ 10.65
97140	Manual therapy techniques (e.g., mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions	15 minutes	\$ 12.39
97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(s), lower extremity(s) and/or trunk	15 minutes	\$ 14.94
97761	Prosthetic training, upper and/or lower extremity(s)	15 minutes	\$ 13.43
97530	Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance)	15 minutes	\$ 14.00
97532	Development of cognitive skills to improve attention, memory, problem solving, (includes compensatory training,) direct (one-on-one) patient contact by the provider	15 minutes	\$ 11.53
97533	Sensatory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact by provider	15 minutes	\$ 12.24

CODE	SERVICE	UNIT	MAXIMUM ALLOWANCE
97535	Self/care/home management training (e.g. activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact by provider	15 minutes	\$ 14.20
97542	Wheelchair management(eg, assessment, fitting, training)	15 minutes	\$ 12.96
	ACTIVE WOUND CARE MANAGEMENT		
97597	Removal of devitalized tissue from wound(s), selective debridement, without anesthesia (e.g. high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), with or without topical application(s) for ongoing care, may include use of a whirlpool, per session; total wound(s) surface area less than or equal to 20 square centimeters	<u>per serviceper</u> session	\$ 26.15
97598	Removal of devitalized tissue from wound(s), selective debridement, without anesthesia (e.g. high pressure water jet with/without suction, sharp selective debridement with scissors, scalpel, and forceps), with or without topical application(s), wound assessment, and instruction(s) for ongoing care, may include use of a whirlpool, per session; total wound(s) surface area greater than 20 square centimeters	<u>per serviceper</u> session	\$26.15
97602	Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (e.g., wet-to-moist dressings, enzymatic, abrasion), including topical applications(s), wound assessment and instructions(s) for ongoing care	<u>per serviceper</u> session	\$ 18.7 <u>3</u> 2

CODE	SERVICE	UNIT	MAXIMUM ALLOWANCE
	TESTS AND MEASUREMENTS		
97762	Check out for orthotic/prosthetic use, established patient	15 minutes	\$ 14.79
97750	Physical performance test or measurement (e.g., musculoskeletal, functional capacity), with written report	15 minutes	\$ 13.77
97755	Assistive technology assessment (e.g. to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact by provider, with written report	15 minutes	\$ 16.04

CODE	SERVICE	UNIT	MAXIMUM ALLOWANCE
92605	Evaluation for prescription of non-speech-generating augmentative and alternative communication device	per service 15- minutes	\$ 38.07
92607	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with patient; first hour	60 minutes	\$ 68.52
92608	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with patient; each additional 30 minutes	30 minutes	\$ 13.23
	MUSCLE AND RANGE OF MOTION TESTING		
95831	Muscle testing, manual (separate procedure) with report; extremity (excluding hand) or trunk	per service 15- minutes	\$ 12.63
95832	Muscle testing, manual (separate procedure) with report; extremity - hand, with or without comparison with normal side	per service 15- minutes	\$ 11.53
95833	Muscle testing, manual (separate procedure) with report; – total evaluation of body, excluding hands	per service 15- minutes	\$ 17.85
95834	Muscle testing, manual (separate procedure) with report; extremity (excluding hand) or trunk – total evaluation of body, including hands	per service 15- minutes	\$ 21.04
95851	Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)	per service 15- minutes	\$ 8.34
95852	Range of motion measurements and report (separate procedure); each extremity – hand, with or without comparison with normal side	per service 15- minutes	\$ 6.49

CODE	SERVICE	UNIT	MAXIMUM ALLOWANCE
	CENTRAL NERVOUS SYSTEM ASSESSMENTS/TESTS (e.g. NEURO-COGNITIVE, MENTAL STATUS, SPEECH TESTING)		
96110	Developmental testing; limited (e.g. Developmental Screening Test II, Early Language Milestone Screen) with interpretation and report	per service 15- minutes	\$ 5.16
96111	Developmental testing; limited (e.g. Developmental Screening Test II, Early Language Milestone Screen) with interpretation and report – extended (includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments (e.g., Bayley Scales of Infant Development) with interpretation and report	per service 60- minutes	\$ 62.66